



HRS 103-50 DOCUMENT TRANSMITTAL FORM

The Department / Agency or Design Consultant submitting plans under HRS 103-50 should complete and submit this form with the plans to:

Disability and Communication Access Board
919 Ala Moana Blvd., Room 101 Honolulu, HI 96814

Phone: 586-8121 (V/TTY) FAX: 586-8129

ATTENTION: _____ Date: _____
(DCAB staff name, only if resubmittal)

Submission stage: New submission / resubmittal (this form must be completed when resubmitting)

Who is submitting? () Department / Agency () Design Consultant

Items submitted: _____ Drawing prints, specify number of sheets _____
_____ Specifications
_____ Other, please specify _____

DCAB# _____ (refer to previous review if this is a resubmittal)

Project Name: _____
Location: _____ Island: _____
Agency Project # _____ TMK: _____

NOTE: Fill in all information below for both Department/Agency and Design Consultant

Department / Agency: _____
Address, City, State, Zip: _____
Contact Person: _____
Phone Number: _____ Fax: _____ e-mail: _____

Design Consultant: _____
Address, City, State, Zip: _____
Contact Person: _____
Phone Number: _____ Fax: _____ e-mail: _____

Project Phase: _____ Conceptual _____ Prelim _____ Pre-Final
(check one) _____ Final _____ Construction _____ Post Construction

Project Type: _____ New _____ Addition _____ Alteration
(check all that apply) _____ Transition Plan _____ ABR Project _____ Leased Site
_____ Historic Site _____ Per Legal Settlement

Comments: _____

BELOW THIS BOX FOR DISABILITY AND COMMUNICATION ACCESS BOARD USE ONLY

Date received:	_____	Review date:	_____
DCAB Staff:	_____	Island Code:	_____
Department Code:	_____	Facility Type Code:	_____
Action Taken Code:	_____	Turnaround (days):	_____
Future Action (Y/N)	_____	SSAD (Y/N):	_____

Comments: _____
